

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 7, 1992

ALL-COUNTY LETTER NO. 92-21

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: STATEMENT OF FRAUDULENT FILING OF IHSS WORKERS'
COMPENSATION BENEFIT CLAIM

REFERENCE: ALL-COUNTY LETTER (ACL) NO. 90-119

In ACL 90-119 dated December 14, 1990, Counties were provided with instructions regarding new reporting procedures required by the Workers' Compensation Reform Act of 1989. This ACL is an expansion of those instructions.

Effective January 1, 1992, Section 5401.7 was added to the California Labor Code. The code requires that the following statement be added to the workers' compensation claim form:

"Any person who makes, or causes to be made, any knowingly false or fraudulent material statement or representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony."

The Audit and Enforcement Unit of the Department of Industrial Relations will observe a 60-day grace period during which time penalties related to the failure to include fraud language will not be imposed. The form SOC 412, In-Home Supportive Services (IHSS) Employees Claim for Workers' Compensation Benefits, is being updated to include the fraud statement. Until the revised form is available for ordering from the SDSS warehouse, the enclosed camera ready attachment, or facsimile thereof, must be signed by the injured IHSS Individual Provider and dated. The original must accompany the SOC 412 when submitted to the State Compensation Insurance Fund, and a copy must be given to the injured IP.

Any questions regarding this ACL, or any other IHSS Workers' Compensation issue, may be addressed to Mr. Michael Lorton at (916) 657-2602.



LOREN D. SUTER
Deputy Director
Adult and Family Services

Attachment

cc: CWDA

AS PER CALIFORNIA LABOR CODE SECTION 5401.7:

ANY PERSON WHO MAKES, OR CAUSES TO BE MADE, ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR REPRESENTATION FOR THE PURPOSE OF OBTAINING OR DENYING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY.

INJURED EMPLOYEE _____
(PLEASE SIGN)

DATE: _____

EN CONFORMIDAD CON LA SECCION 5401.7 DEL CODIGO LABORAL:

Cualquier persona que a sabiendas, haga o cause que se haga, cualquier declaración material (importante o substancial) falsa o fraudulenta, o representación, con el fin de obtener o negar beneficios o pagos de compensación por lesiones de trabajo, es culpable de un delito mayor.

Empleado Lesionado _____
(Por favor firme)

Fecha: _____